

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>7-31-04</u>		2 Serial/Patent # <u>10/650 357</u>																					
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing Surcharge</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Amendment</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing Surcharge	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing Surcharge																						
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7 TOTAL AMOUNT OF REFUND		\$ 1070																					
8 TO BE REFUNDED BY:																							
10 REASON:		Treasury Check																					
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																					
<input checked="" type="checkbox"/> Duplicate Payment (\$65)		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> </tr> </table>		0	2	--	4	2	7	8													
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<input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Late</u>		<u>1005</u>																					
<u>Late</u>																							
11 REFUND REQUESTED BY:																							
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pets Ex'n</u>																					
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-8680</u>																					
OFFICE:																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: <u>[Signature]</u>		DATE: <u>8-2-04</u>																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**